

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: 07/25/16

Auditor Information			
Auditor name: Dorothy Xanos			
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Telephone number: (813) 918-1088			
Date of facility visit: June 27-28, 2016			
Facility Information			
Facility name: Charles H. Hickey Jr. School			
Facility physical address: 9700 Old Harford Road, Baltimore, MD 21234			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: (410) 663-7700			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Antoinette McLeod			
Number of staff assigned to the facility in the last 12 months: 130			
Designed facility capacity: 72			
Current population of facility: 45			
Facility security levels/inmate custody levels: Hardware Secure			
Age range of the population: 13-21			
Name of PREA Compliance Manager: Geisha Jones		Title: Assistant Superintendent	
Email address: geisha.jones@maryland.gov		Telephone number: (410) 663-8827	
Agency Information			
Name of agency: Maryland Department of Juvenile Services			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address: One Center Plaza, 120 W. Fayette Street, Baltimore, MD 21201			
Mailing address: <i>(if different from above)</i>			
Telephone number: (410) 230-3101			
Agency Chief Executive Officer			
Name: Sam Abed		Title: Secretary of Department of Juvenile Services	
Email address: Sam.Abed@maryland.gov		Telephone number: (410) 230-3101	
Agency-Wide PREA Coordinator			
Name: Aaron Keech		Title: PREA Coordinator	
Email address: Aaron.Keech@maryland.gov		Telephone number: (301)722-1609	

AUDIT FINDINGS

NARRATIVE

The Charles H. Hickey, Jr. School (CHHS) is a seventy-two (72) bed hardware secure detention facility for male residents governed by the Maryland Department of Juvenile Services (DJS). The facility located in Baltimore, Maryland, opened in 1910 under the name of Maryland Training School for Boys. In 1985, the facility was renamed, Charles H. Hickey Jr. School after a former Baltimore County Sheriff who led a distinguished law enforcement career. From September 1991 to April 2004, the Department of Juvenile Services (DJS) contracted with a private company to operate Charles H. Hickey Jr. School. In April 2004, DJS resumed direct control of the Charles H. Hickey Jr. School, which was made up of two components: a secure juvenile detention facility for residents awaiting court or placement and a secure treatment program for residents who had been found delinquent and in need of treatment services. In November 2005, the secure treatment program closed and the secure detention facility remained open. CHHS primarily serves residents from Baltimore, Howard, Harford, and Carroll Counties, and Baltimore City. Accordingly, the residents average length of stay is twenty-three (23) days and can be extended if necessary. The average age is between 13 -18 years old although juvenile jurisdiction could remain until the age of 21. Residents under the age of 13 could also potentially be detained if ordered by the Court. There were fifty-seven (57) residents at the detention facility at the time of the review.

The detention facility is staffed with one hundred and sixty-five (165) full-time and part-time employees, fifty-two (52) contracted and volunteer staff. The staff consisted of: Superintendent; Assistant Superintendent; (2) Social Work Advisor; Case Management Specialist Supervisor; (6) Case Management Specialists I, II & III; (4) Resident Advisor Supervisors; (14) Resident Advisor Leads; (7) Resident Group Life Managers I & II; (78) Resident Advisors I & II; (14) Resident Advisor Trainees; (2) Youth Recreation Specialist; (2) Youth Transport Officer Lead & II; (5) Maintenance Chief II & IV; Maintenance Mechanic Senior and (18) other staff (Food Service, Maintenance and Administrative Staff).

The medical staff (DJS & Maxim) consists of a regional nurse manager, a licensed registered nurse supervisor, ten (10) full-time and part-time licensed registered nurses providing nursing services on-site twenty-four (24) hours a day, seven (7) days a week and an on-call physician. Additionally, all nurses are supervised by an on-site registered nurse supervisor who is responsible for coordination of other medical services and medical clinics. The detention facility has contracts with the local hospital for 24 hour emergency needs. A medical physician visits the detention facility weekly. Also, the nurses provide health education and counseling about a variety of health topics. The medical staff provides medical care to include: completing the initial intake assessment, review intake referrals, routine and additional lab work as ordered, STD testing and treatment as indicated, updating immunization records, seasonal flu vaccinations, routine eye exams, dietary services and referrals, administration of medications/treatments as prescribed, assessments of resident injuries and treatment as required, medical assessments and monitoring with any restraint or seclusion, assessments of somatic health complaints with treatment as indicated, develop treatment plans and provide medical discharge plans. Several on-site medical clinics occur including a weekly medical clinic, a weekly mental health clinic, and participation in weekly treatment planning meetings. The dental staff consisted of a dentist and a dental assistant providing dental services several days a week consisting of dental care, cleaning, education, and treatment fillings to extractions. All residents are seen by the dentist at least annually for a wellness check. The facility has contracted an optometrist who provides routine eye exams. TurnAround, Inc. is the program identified to provide the victim advocacy services for the residents at the detention center. Greater Baltimore Medical Center provides the emergency and forensic medical examinations. Hope Health Systems staff provide the mental health and psychiatric services at the detention facility.

In 2013, the Maryland State Department of Education (MSDE) assumed responsibility for the educational services and began providing accredited academic services. There are fifteen (15) MSDE educational staff consisting of administrator, teachers, special education teachers, and vocational instructors. Residents participate in educational endeavors through an individual education program that is designed for them. Library services are provided to the residents and they are encouraged to check out books. The program is designed for residents to have the opportunity to learn at the highest level possible. The instructional program encourages the residents to explore their abilities to learn, understand their cultural backgrounds, and enhance their future. The Education Program offers all of the basic courses in areas of Math, Science, Social Studies, English, Career Research Development and Office Systems Management. Students who qualify are able to take the GED. All residents admitted to the detention facility are given the BASI test (Basic Achievement Skills Inventory) in verbal and math. These scores are used to develop an individual learning plan for them. Also, residents are given state mandated tests including PARCC tests for the new Common Core Curriculum and the Middle and High School Assessments. Special Education services are offered to students who qualify and counseling services are offered to all students.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Charles H. Hickey Jr. School is located on approximately 524 acres of land located in Baltimore County. At the present time, the detention facility was designed and has the capacity of seventy-two (72) residents. The detention facility's physical plant has a number of buildings that are closed both within a fenced secure area and outside of the fenced area. There are several buildings outside of the fenced area that are used as support offices, general services, behavioral team (MAST), and a training area. The seven (7) buildings located within the fenced, secure area composes the primary community of the residents. The fenced secure area has a main entrance controlled by security. There is an administration building with offices for administrative staff, support staff, transportation and a resident's incentive game room. The gymnasium is located in another building and is used for recreation, visitation and special programs. The main laundry area is located adjacent to the gymnasium and within the same building. The four (4) housing units have a case manager's office, unit manager's office, two (2) dayrooms, a multi-purpose area for residents, bathroom/shower area and single cells. All four (4) housing units bathroom/shower areas were renovated and the project was completed in May 2016. The eight (8) bed infirmary for residents who are under direct medical care waiting to go to court, return home with services, group home or be placed in a treatment facility is located in the lower level of one of the housing units. Currently, the upper level of the housing unit is closed and the administrative building is undergoing renovations. The fourth housing unit has the intake and master control area located on one side of the building and the other side of the building is the housing area. All four (4) housing units have video cameras and the "PIPE" system. CHHS education program is located in two (2) school trailers with classrooms, education and support offices, testing and diagnostic area, records and storage areas, library and media center.

CHHS program is designed to meet the immediate needs of detained residents while maintaining a safe and secure environment. Upon admission, residents begin the orientation process and are expected to complete the Massachusetts Youth Screening Instrument (MAYSI), a mental health assessment, the Substance Abuse Subtle Screening Inventory (SASSI), a substance and alcohol assessment. The residents complete a Vulnerability Assessment Instrument to determine risk of victimization and/or sexually aggressive behavior. During the intake process residents are given a brief overview of the detention facility expectations and are permitted to make a telephone call to a parent and/or guardian. After the intake process, the residents are referred to the medical department for an initial medical examination. Medical services are available on-site 24 hours a day 7 days a week.

All residents at risk for an out of home placement receive diagnostic evaluations conducted by the Multi-disciplinary Assessment Staffing Team (MAST). This team works in conjunction with the community case manager, resident and family to determine an appropriate court recommendation for the resident. Residents are provided both individual and group counseling to prepare them for placement or return to the community. Case Managers maintain contact with parents, community case managers, public defenders, and court officials as necessary. In addition to treatment, residents receive daily recreation, holiday programming, and special events. Recreation activities such as Changing Habits and Making Progressive Strides (C.H.A.M.P.S) sports leagues are used for incentive and a reward system in addition to activities planned on site at the detention center.

The DJS behavior management program, CHALLENGE incorporates evidence based principles to promote the development of pro-social skills. The program promotes clear behavioral expectations within a structured daily routine, the development of respectful staff and resident relationships, positive role modeling by staff, and de-escalation strategies to manage inappropriate behavior. Behavioral expectations are clearly delineated for desired behaviors that are reinforced through social praise, resident leadership roles, program points, and tangible reinforcers. A distinguishing element of the CHALLENGE program's daily routine is the community meeting. Community meetings are intended to provide daily opportunities for residents to practice interpersonal and leadership skills. In addition, residents are expected to promote a sense of community by teaching the importance of community responsibility, teamwork, and good citizenship. Leadership roles within the community are earned as the residents progress through the program. The CHALLENGE program systematically provides positive reinforcement through a point and level system and social reinforcement.

There are four (4) faith based volunteer groups which assist residents that may be having a difficult adjustment to detention by providing spiritual guidance and bible study classes on a weekly basis. There are tutorial services also offered to residents who are identified by the MSDE staff. Throughout a resident's stay regular family interaction is encouraged with visits, telephone calls and family day activities.

SUMMARY OF AUDIT FINDINGS

The notification of the on-site audit was posted by May 16, 2016, six weeks prior to the date of the on-site audit. The posting of the notices was verified by photographs received electronically from the Maryland Department of Juvenile Services (DJS) PREA Coordinator. The photographs indicated notices were posted in various locations throughout the detention facility including the secure entrance area, gymnasium, administration and education area, intake area, medical area, and housing units. This auditor did not receive any communications from the staff or the residents as a result of the posted notices. The Pre-Audit Questionnaire, policies, procedures, and supporting documentation were received by May 31, 2016. The documents, which were uploaded to a USB flash drive, were detailed, organized and easy to navigate. The initial review revealed limited additional information in regard to the Pre-Audit Questionnaire and supporting documentation which did not sufficiently address some of the standards. After a discussion with the DJS PREA Coordinator documentation would be provided during the on-site visit. Additional supporting documentation was provided during the on-site visit. Specific corrective actions during the on-site visit taken to address some of the deficiencies are summarized in this report under the related standards.

The on-site audit was conducted on June 27-28, 2016. An entrance briefing was conducted with the Superintendent, Assistant Superintendent, and DJS PREA Coordinator. During the briefing, it was explained the audit process and a tentative schedule for both days to include conducting interviews with the staff and residents and reviewing the documentation. A complete guided tour of the entire detention facility was conducted including the secure entrance area, administrative and education area with offices and classrooms, master control, intake and holding area, medical/infirmarary area, library, and four (4) housing units. During the tour, residents were observed to be under constant supervision of the staff while involved in various activities. The detention facility in several buildings were clean and well maintained and it was obvious staff and residents took pride in their living areas. The other buildings were not clean nor well maintained. Notification of the PREA audit was posted in all locations throughout the detention facility as well as postings informing residents of the telephone numbers to call against sexual abuse and harassment and to call the victim advocate. Cameras and video surveillance system enhance their capabilities to assist in monitoring blind spots and the review of incidents. There are cameras installed in a number of areas throughout the detention facility. There were no cameras installed in the resident's rooms or shower/toileting area so residents are not seen on the surveillance system while showering or toileting, but can be viewed by same sex staff as they supervise the shower area. During the tour, it was observed the shower/toilet areas in the housing units did allow for privacy.

During the two (2) day on-site visit, there were a total of fifty-seven (57) residents in the detention facility. There are four (4) housing units, however one (1) housing unit was closed for renovation. Residents were randomly selected from the other three (3) housing unit for the interview process. A total of twelve (12) residents were interviewed on the second day of the audit. Residents were well informed of their right to be free from sexual abuse and harassment and how to report sexual abuse and harassment using several ways of communication such as trusted staff, administrative staff, family member, and the hot line. The community victims' advocacy service and telephone number is available to the residents. There is evidence of the DJS PREA Coordinator's efforts to obtain a Memorandum of Understanding to provide confidential emotional support to residents who are victims of sexual abuse and forensic exams.

Twenty-three (23) staff including those from all three (3) shifts, supervisory staff, contracted staff (teachers), Superintendent, Assistant Superintendent, case management and intake staff, medical and mental health staff were interviewed during the on-site visit. The DJS Deputy Secretary of Operations, DJS PREA Coordinator, the Director of Human Resources had been interviewed prior to the on-site visit. Overall, the interviews revealed the staff is knowledgeable of the PREA standards and were able to articulate their responsibilities and their mandated duty to report.

At the end of the second day, an exit briefing with a summary of the findings was conducted with the DJS PREA Coordinator, Superintendent, Assistant Superintendent, and Resident Group Life Manager II. Additionally, another exit briefing via telephone was held several days later with the DJS Deputy Secretary of Operations, two (2) DJS Executive Directors, DJS PREA Coordinator, the Assistant to the Deputy Secretary of Operations, Superintendent, and Assistant Superintendent. At both exit debriefings, it was discussed additional documentation was required for three (3) standards and it was determined this information would be sent to this auditor within the next two (2) weeks to be in compliance with all the PREA standards. The requested information was sent to this auditor by the DJS PREA Coordinator. This auditor reviewed all requested information and this detention facility is in full compliance with the PREA Standards.

Number of standards exceeded: 1

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 0

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the Department of Juvenile Services (DJS) Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) outlines how each facility implements its approach to preventing, detecting and responding to sexual abuse and harassment, includes definitions of prohibited behaviors as well as sanctions for staff, contractors, volunteers and residents who had violated those prohibitions. Additionally, the policy provided guidelines for implementing each facility's approach to include the zero tolerance towards reducing and preventing sexual abuse and harassment of residents. It is evident the executive administration has taken the PREA Standards to another level and it is reflected in their commitment to protecting the residents in their care throughout the State of Maryland.

DJS has a designated juvenile PREA Coordinator who works statewide to implement the PREA Standards and who indicated he has sufficient time and authority to develop, implement and oversee compliance efforts of thirteen (13) residential and detention facilities. The Assistant Superintendent is designated as their detention facility's PREA Compliance Manager who indicated she has sufficient time to oversee the detention facility's PREA compliance efforts and perform other duties as assigned. It was evident during the staff interviews, staff had been trained and were knowledgeable of DJS Agency's Zero Tolerance Policy including all aspects of sexual abuse, sexual harassment and sexual misconduct in accordance with the requirements.

Standard 115.312 Contracting with other entities for the confinement of residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of DJS policy on Compliance Laws (25.3) describes the contractors obligations to comply with all federal, state, and local laws, regulations and ordinances including the Prison Rape Elimination Act. DJS has entered into/renewed five (5) contracts for confinement of residents in the past twelve (12) months. These contractors are monitored by DJS to ensure compliance with the PREA standards.

Standard 115.313 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance); DJS Policy RF-703-14 (Supervision and Movement of Youth); DJS Policy RF-713-14 (Direct Care Staffing) required each facility to develop a staffing plan to provide for adequate staffing levels to ensure the safety and custody of residents, account for departmental resident to staff ratios, physical plant, video monitoring, and federal standards. Additionally, CHHS Facility Operating Procedures (FOP) both dated 12/9/15 contained information identifying the detention facility shall comply with staffing requirements including exigent circumstances and supervisory staff conducting unannounced rounds during all shifts. During the initial documentation review, the detention facility staff-to-youth ratios list of all DJS detention and residential facilities signed on 3/24/16 & 3/2/15 by the Deputy Secretary for Operations identified the detention facility's staffing ratio as 1:8 during the resident waking hours and 1:16 during resident sleeping hours.

CHHS's staffing plan was developed, implemented and approved on 9/5/15 and their staffing plan's annual review was on 1/12/16. Both staffing plans were found to be in compliance with this standard. During the initial documentation review, the detention facility did not report deviations from the staffing plan during the past 12 months. Minimum staff ratios are always maintained, the detention facility has a mechanism in place for call outs and staff volunteer to stay over if needed. CHHS is a secure detention facility and utilizes constant video and staff monitoring to protect the residents from sexual abuse and harassment. The Superintendent, Assistant Superintendent, or assigned Shift Commanders conduct and document unannounced rounds on all shifts and in all areas of the detention facility to monitor and deter staff sexual abuse and harassment on a daily basis. The unannounced rounds had limited documentation in the log books and the shift status reports. Documentation, Superintendent and staff interviews confirmed the process takes place in the detention facility, however; the staff did not document in detail the information as requested per the Superintendent. Since the initial review and on-site visit, the documentation was received prior to the submission of this report. The information was reviewed by this auditor and the detention facility is in full compliance with this standard.

Standard 115.315 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial documentation review of DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance); DJS Policy RF-715-14 (Admissions and Orientation of Youth in DJS Facilities) and RF-712-14 (Searches of Youth, Employees and Visitors) required each facility to maintain protocols on limited pat-down searches to same gender staff absent exigent circumstances, shower procedures, opposite gender announcing when entering dorm/housing areas, and prohibiting the search of a transgender or intersex resident solely for the purpose of determining the resident's genital status. Additionally, several CHHS Facility Operating Procedures (FOP) and Post Order dated 12/3/15, 12/4/15 & 1/4/16 to comply with the requirements at the detention facility level.

In March 2015, DJS had developed a pat down search brochure containing pictures and descriptions of how to conduct pat down searches in compliance with this standard. The training brochure was updated in March 2016 with additional pat down searches information for staff. A review of the training brochure, training documentation and staff interviews confirmed the training on pat down searches, cross-gender pat searches and searches of transgender and intersex residents, and prohibiting cross-gender strip or cross-gender visual body cavity searches of residents. All residents stated that they had never been searched by a staff member of the opposite sex nor had they ever seen a staff conduct a cross gender pat down search. There were no cross-gender pat-down searches conducted during the past 12 months. Most staff and

resident interviews indicated that female staff entering the housing units consistently announce themselves. The Superintendent established a post order with detailed information on the shower procedures for the bathroom/shower area of each housing unit. Staff and resident interviews confirmed residents are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. In addition, staff and resident interviews indicated that female staff are prohibited from entering the bathroom/shower area while residents are showering. All staff interviews were able to describe what an exigent circumstance would be and were knowledgeable of the procedures for securing authorization to conduct such a search as well as the requirements for justifying and documenting those searches. Most staff could identify the DJS policy on prohibiting staff from searching or physically examining a transgender or intersex resident for purpose of determining that resident's genital status.

Standard 115.316 Residents with disabilities and residents who are limited English proficient

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the DJS Policy RF-715-14 (Admissions and Orientation of Youth in DJS Facilities); MGT-625-14 (Non discrimination of Youth); MGT-627-14 (Communication with Limited English Proficient Persons) and OPS-911-15 (Accessibility of Youth with Hearing Impairments) contained procedures to be taken to ensure residents with disabilities or who are limited English proficient are provided meaningful access to all aspects of each facility's efforts to prevent, protect and respond to sexual abuse and harassment. Additionally, the varied policies indicate each facility will not rely on resident interpreters, resident readers or any kind of resident assistants except when a delay in obtaining interpreters services could jeopardize a resident's safety. DJS has established contracts for statewide services to provide residents with disabilities and residents who are limited English proficient with various interpreter services on an as needed basis. DJS has developed flash cards in various languages requesting for an interpreter that is provided to a resident during the admission process. DJS has assigned LEP Coordinators located in the various regions to assist all facilities and private providers with limited English proficient residents. There are postings throughout the detention facility in English and Spanish and staff have access to the LEP Coordinators.

DJS policy directives requires each LEP Coordinator and ADA Coordinator to complete monthly reports identifying the assistance for residents and parents/guardians whose first language is not English and assistance for residents with hearing impairments provided at each facility. These reports are submitted to the Director or designee of the Office of Fair Practices to ensure these accommodations are provided to the residents and their families. Maryland State Department of Education (MSDE) provides education to the residents at the detention facility. The teachers could provide residents with disabilities with various services on an as needed basis. Staff training documentation and youth handbook contained information on providing appropriate explanations regarding PREA to residents based upon the individual needs of the youth. Additionally, all residents are provided with a pamphlet on "What You Should Know About Sexual Abuse and Harassment." Both the handbook and pamphlet are available in Spanish. Staff and resident interviews confirmed the detention facility does not use resident assistants and there were no instances of resident interpreters or readers being used in the past 12 months.

Standard 115.317 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance); HR- 410-15 (Background Investigations Policy) and HR-01-10 (Random or Reasonable Suspicion Checks of Child Abuse or Neglect) contained all the elements required by this standard and all background checks are conducted initially on new employees, randomly selected on current employees, and promotion decisions of the agency. DJS has an extensive background screening requirements and has a system in place that any current employee arrested, the Director of Human Resources is notified via email immediately. Also random selection checks are completed each quarter, HR will provide a computer generated list of 5% of employees who have not been selected for a CPS check within the previous 12 months to the OIG. All new employees initial background checks include the screening for criminal record checks, possible checks on criminal convictions and pending criminal charges, access to local, state and federal criminal databases to conduct background checks, child abuse and neglect check (Child Electronic Social Service Information Exchange), sex offender registration check, driving records check and best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse and any resignation during a pending investigation or an allegation of sexual abuse. Additionally, contractors who have contact with residents have documented criminal background checks. A sampled review of staff's electronic HR records contained the documented criminal background checks and the questions regarding past misconduct (PREA Mandated Disclosure form) were asked and responded to during the hiring process. The interview with the Director of Human Resources prior to the on-site visit confirmed staff hired had documented criminal background checks and the questions regarding past conduct were asked and responded to during the hiring process. Additionally, contractors who have contact with residents have documented criminal background checks.

Standard 115.318 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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CHHS has not been newly designed or had a substantial expansion but did have modification in their housing units since August 20, 2012. Additionally, there are several buildings (administrative/school) in the process of being renovated at the detention facility. The initial documentation review contained a list (DJS Video Surveillance System) that contained installation dates of all detention and residential facilities. The detention facility upgraded their cameras and video surveillance system in January 2012 to address any blind spots in the detention facility. During the tour, the video surveillance system was observed in the master control area and cameras were observed throughout the detention facility. This will enhance their capabilities to assist in monitoring blind spots and the review of incidents. Additionally, this enables the staff to monitor residents more efficiently throughout the physical plant of the detention facility. The detention facility had some modifications completed from 7/20/14 through 5/16/16 to certain areas i. e. the housing unit bathrooms were modified to provide privacy in the shower and toilet areas to comply with this standard.

Standard 115.321 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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The initial review of the COMAR Regulation; Maryland State Police (MSP) Guidelines for Physical Evidence; DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance); Sexual Assault Responder Support Staff (SARS) Notification Protocol; Maryland VAWA Forensic Compliance Guidelines and a list of the Maryland Rape Crisis and Recovery Centers established by Maryland Coalition Against Sexual Assault (MCASA) contained the elements of the standard and identified that all allegations of sexual abuse and sexual harassment be referred to the appropriate investigative agency based upon the victim's age. Additionally, policies requires protocols for informed consent, confidentiality, reporting to law enforcement, and reporting to child abuse investigative agencies. Documentation and some staff interviews confirmed Maryland State Police (MSP), DJS Child Protective Services (CPS) and Office of Inspector General (OIG) conducts the criminal and administrative investigations of allegations of sexual abuse and sexual harassment for residents under the age of 18 and they receive reports through their hotline. CPS will contact the appropriate local law agency to co-investigate. Residents 18 years of age are referred to the appropriate law enforcement agency to investigate allegations of sexual abuse and sexual harassment. There is evidence of the DJS PREA Coordinator's efforts to obtain a Memorandum of Understanding from TurnAround, Inc. to provide confidential emotional support to residents who are victims of sexual abuse and forensic exams at the detention facility. Greater Baltimore Medical Center provides the emergency and forensic medical examinations at no financial cost to the victim. Documentation was provided that the medical examiners at Greater Baltimore Medical Center are SAFE certified. The detention facility has identified at least six (6) mental health staff that can provide confidential emotional support to residents who are victims of sexual abuse and who had been trained on the PREA standards.

Standard 115.322 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) and OPS-913-15 (Reporting and Investigating Child Abuse and Neglect) requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment. All staff are required to report all allegations, knowledge and suspicions of sexual abuse, sexual harassment, retaliation, staff neglect and/or violations of responsibilities that may have contributed to an incident or retaliation. All staff are required to refer all alleged incidents of sexual abuse, harassment or misconduct to the DJS Child Protective Services (CPS) for investigation and determination of child abuse and Maryland State Police (MSP) for the determination of criminal charges. Staff refer all allegations of sexual abuse and harassment to the Office of Inspector General (OIG) for completion of an administrative investigation. The PREA policy can be found on the Maryland state's website. The parent/guardian is provided with an information packet identifying the zero tolerance to sexual abuse or sexual harassment and the hotline information on how to report. CHHS had received no allegations of sexual abuse and sexual harassment resulting in a criminal investigation and/or an administrative investigation. All staff interviews reflected and confirmed their knowledge on the reporting and referral process and policy's requirements but did not know the agency who conducts the administrative and criminal investigation in response to an allegation of sexual abuse, sexual harassment and sexual misconduct. Since the initial review and on-site visit, the documentation was received prior to the submission of this report. The information was reviewed by this auditor and the detention facility is in full compliance with this standard.

Standard 115.331 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) and MGT-622-14 (Staff Training), CHHS Facility Operating Procedures (FOP) dated 12/7/15 requires PREA Training upon initially becoming an employee (entry level training) as well as refresher training annually. All the PREA training provided to employees statewide contains all eleven (11) topics consistent with this standard’s requirements and is tailored to all facilities with male and female resident populations. The staff training documentation and staff interviews confirmed staff receives PREA training during initial training and during refresher training. All employees are trained as new hires regardless of their previous experience. All staff are required to sign “Staff and Training Education” forms for all the different DJS Training Modules and tested upon completion of the initial PREA training. A review of all staff and training education forms as well as staff interviews confirmed that staff are receiving their required PREA Training. Staff interviews confirmed their comprehension of the PREA training and their obligation to report any allegation of the sexual abuse and/or sexual harassment. Additionally, all employees receive training during weekly Muster staff meetings. Employee training records are maintained electronically.

Standard 115.332 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance); OPS-900-15 (Incident Reporting - DJS Programs); OPS-913-15 (Reporting and Investigating Child Abuse and Neglect) and OPS-908-14 (Volunteer Services) requires volunteers, interns and contractors who have contact with residents to receive PREA training. All volunteers, interns and contractors receive the PREA training and sign the PREA mandated disclosure form upon completion of the PREA training they received. Documentation confirmed they are aware of the detention facility’s requirement for confidentiality and their duty to report any incidents of sexual abuse and or sexual harassment. Interviews with two (2) contracted teachers confirmed their knowledge of the PREA training.

Standard 115.333 Resident education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) and CHHS Facility Operating Procedures (FOP) dated 12/9/15 requires residents to receive comprehensive age appropriate education information regarding safety, their rights to be free from sexual abuse, sexual harassment, retaliation, reporting and the agency's response to allegations within 10 days upon arrival. However, the intake staff provides the residents with this information immediately upon arrival during their initial intake and orientation process. During the initial intake, the assigned staff reviews this information verbally with the resident and a hard copy is provided to them for future reference. After the review with the resident he is asked to sign various forms which include: a written youth acknowledgment form, youth grievance policy, zero tolerance policy to name a few, verifying receipt for all information regarding orientation to the detention facility. Documentation of resident's signatures were reviewed and confirmed during resident interviews. Residents are provided a CHHS Detention Program Youth Handbook and pamphlet which includes information on prevention/intervention, self-protection, reporting and treatment/counseling and all available in Spanish. Additionally, residents during the orientation process see a video presentation on PREA at the detention facility. All residents interviewed stated they received this information the same day they arrived at the detention facility and identified the receipt of the handbook & pamphlet. Staff presents PREA information in a manner that is accessible to all residents and provides education on an ongoing basis. The detention facility utilizes the END SILENCE comic book series (Billy Speaks Out, Carlos' Question, Charles' Report, Mary's Friend, and Sheila's Dilemma).

Standard 115.334 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) and Maryland State Police (MSP) OPS 13.03 (Operation Directive) requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment and requires staff to refer all alleged incidents of sexual abuse, harassment or misconduct to the Maryland State Police (MSP) for criminal investigations and Office of Inspector General (OIG) for administrative investigations. All OIG Investigators undergo an extensive training prior to conducting administrative investigations which includes the NIC PREA Investigating Sexual Abuse in a Confinement Setting Course. The detention facility does not conduct administrative or criminal investigations; however, documentation was reviewed indicating that PREA requirements for specialized training for investigators who investigate allegations of sexual abuse and sexual harassment in confinement are provided by CPS. There are eight (8) investigators statewide who conduct investigations for OIG and five (5) of the investigators are assigned to the Central and Southern Region of Maryland. All eight (8) investigators have completed the NIC PREA Investigating Sexual Abuse in a Confinement Setting Course and the four (4) hour PREA In-service training refresher requirements.

Standard 115.335 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) requires PREA training and specialized training for medical and mental health staff. Initial review of training documentation contained all the training completed by all twenty-six (26) contracted medical and mental health staff. It was evident through the medical and mental health staff interviews they had received the basic PREA training provided to all staff and the specialized training offered by NIC. All medical and mental health staff completed the NIC PREA Behavioral Health Care for Sexual Assault Victims in a Confinement Setting Course. The medical staff do not conduct forensic examinations.

Standard 115.341 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the DJS Policy RF-715-14 (Admissions and Orientation of Youth in DJS Facilities) and RF-716-13 (Classification of Youth in DJS Residential Facilities) requires prior to placement as part of the screening process each resident is screened upon admission with an objective screening instrument for risk of victimization and sexual abusiveness within 72 hours. All residents are screened within twenty-four hours upon arrival at the detention facility to determine placement and their special needs. Those residents who score vulnerable to victim or sexually aggressive are included into their alert system, as well as receiving further assessments, as identified. The "Vulnerability Assessment Instrument" (VAI), Housing Classification Instrument, and DMST Facility Tier One B - Sexing Trafficking Assessment forms are used in combination with information about personal history, medical and mental health screenings, conversations, classification assessments as well as reviewed court records and case files. Residents are reassessed at a minimum sixty (60) days and throughout their stay at the detention facility. The detention facility's policies limits staff access to this information on a "need to know basis". Resident interviews and the documentation revealed that risk screenings are being conducted on the same day as the admission. Staff interviews confirmed a screening is completed on each resident upon admission to the detention facility. Residents reporting prior victimization, according to staff, are referred immediately for a follow-up with medical or mental health. Although there have been no transgender or intersex residents admitted to the detention facility within the past year, staff were aware of giving consideration for the resident's own views of their safety in placement and programming assignments.

Standard 115.342 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance); RF-716-13 (Classification of Youth in DJS Residential Facilities) and CHHS Facility Operating Procedures (FOP) dated 12/4/15 precludes gay, bi-sexual, transgender and intersex residents being placed in a housing unit/pod, bed or other assignments

based solely on their identification or status. In addition, the policy describes the screening and assessment process and how that information, along with information derived from medical and mental health screening and assessments, records reviews, database checks, conversations and observations, is used to determine a resident's appropriate placement, housing and bed assignments, as well as work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. The intake staff utilize various forms and any other pertinent information during the resident's admission process. Also, the intake staff utilize a "Housing Plan Bed Chart" to place residents in a specific sleeping assignment according to their risk level (low, medium or high). Staff interviews described how information is derived from the various forms and the initial medical and mental health/substance abuse screening forms to determine placement and risk level. There are five (5) housing units with single cells. Isolation is not utilized at the detention facility as a means of protective custody. The intake staff have been provided with a "Housing Classification Assessment/Re-Assessment User's Guide to assist intake, case management and other detention staff on how to complete the assessment forms correctly and accurately.

Standard 115.351 Resident reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance); RF-715-14 (Admissions and Orientation of Youth in DJS Facilities) and OPS-913-15 (Reporting and Investigating Child Abuse and Neglect) provides multiple internal ways for residents to report sexual abuse and harassment retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents. Residents are informed verbally and in writing on how to report sexual abuse and sexual harassment. These various ways of reporting include advising an administrator, a staff member, telephone line (GTL-211), placing a written complaint in the grievance box and third party. While touring the entire detention facility, it was observed certain areas had limited postings, however, other areas administrative area, classrooms area, case management/mental health offices, library, kitchen and dining area, and five (5) housing units had postings of the PREA information (called PREA Zone), victim advocate services information, and pamphlets. Reporting procedures are provided to residents through the handbook and pamphlets. Resident interviews indicated several ways to report sexual abuse and sexual harassment. They can directly pick up and dial "211" (hot line), speak with a staff they trust or third party. However, most residents did not identify the grievance box nor the child advocate as a means to report sexual abuse and sexual harassment. This was pointed out during the exit debriefing and will be looked at by the executive staff. Additional education has been provided to the staff and residents on this process. Most resident and staff interviews along with the resident's handbook, supporting documentation and posted signs verified compliance with this standard. Postings in the gymnasium/lobby, intake/master control area, medical and education areas were updated with additional information after the on-site visit. Since the initial review and on-site visit, the documentation was received prior to the submission of this report. The information was reviewed by this auditor and the detention facility is in full compliance with this standard.

Standard 115.352 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance); RF-715-14 (Admissions and Orientation of Youth in DJS Facilities) and OPS-907-14 (Youth Grievance) describes the orientation residents receive explaining how to use the grievance process to report allegations of abuse and has administrative procedures/appeal process for dealing with resident's grievances regarding sexual abuse or harassment. Residents may place a written grievance or complaint in the locked grievance boxes located in various areas of the detention facility. Residents are not required to utilize an informal process for reporting allegations of sexual abuse or sexual harassment nor are they required to submit it to the staff member involved in the allegation. The assigned Child Advocate will review the complaint within 24 hours and advise the resident of the outcome or status of the investigation. An interview with the Child Advocate confirmed the grievance procedure at the detention facility. Some resident interviews and documentation confirmed there is a grievance process relating to sexual abuse or sexual harassment and a written complaint can be placed in the grievance box. Residents indicated they would contact a trusted staff or telephone the hotline in relation to sexual abuse or sexual harassment complaints. There have been no grievances relating to sexual abuse or sexual harassment received in the past 12 months.

Standard 115.353 Resident access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance); RF-10-05 (Youth's Right - Telephone Calls Policy); RF-01-06 (Youth's Right - Access to Legal Counsel) and CHHS Facility Operating Procedures (FOP) dated 12/17/15 & 1/29/16 ensures that residents are provided access to outside confidential support services, legal counsel and parent/guardian. There is evidence of the DJS PREA Coordinator's efforts to obtain a Memorandum of Understanding with TurnAround, Inc. to provide the victim advocacy services for the residents at the detention facility. Greater Baltimore Medical Center provides the emergency and forensic medical examinations at no financial cost to the victim. Documentation was provided that the medical examiners at Greater Baltimore Medical Center is SAFE certified. There have been no calls from residents to outside services in the past 12 months. Resident interviews confirmed they have reasonable and confidential access to their attorneys and reasonable access to their parent/guardian either through visitation, correspondence or by telephone. The detention facility provides weekly calls to parents/legal guardians, provides for the toll free hotline to report sexual abuse, permits parental/legal guardians visitation and letter writing to parents/legal guardians. The detention facility's postings contained information of the outside services. Resident interviews revealed knowledge of how to access outside services but limited knowledge of what kind of services are provided to them. Additional education has been provided to the residents on victim advocate services. Since the initial review and on-site visit, the documentation was received prior to the submission of this report. The information was reviewed by this auditor and the detention facility is in full compliance with this standard.

Standard 115.354 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

An initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) and OPS-913-15 (Reporting and Investigating Child Abuse and Neglect) identifies Department's third party reporting process and instruct staff to accept third party reports. DJS website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a resident. Additionally, the staff provides the parent/guardian with a packet containing varied forms, victim advocate services and third-party reporting information (post card). Resident interviews confirmed their awareness of reporting sexual abuse or harassment to others outside of the detention facility including access to their parent(s)/legal guardian(s) and attorney. Additionally, they are instructed to report allegations of sexual abuse and sexual harassment to a trusted adult, parent/legal guardian, and/or attorney. All staff interviews were able to describe how reports may be made by third parties.

Standard 115.361 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance); OPS-913-15 (Reporting and Investigating Child Abuse and Neglect); OPS-900-15 (Incident Reporting - DJS Programs); COMAR Standard and Family Law Article identified the reporting process for all staff to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against residents or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All staff are mandated reporters and random staff interviews confirmed the program's compliance with this standard. All staff receive information on clear steps on how to report sexual misconduct and to maintain confidentiality through the facility protocol and/or training. The staff would complete a "Incident Report" form with the details of any incidents that would occur in the detention facility in compliance with this standard. Additionally, interviews with medical and mental health staff confirmed their responsibility to inform residents under 18 years old of their duty to report and limitations of confidentiality.

Standard 115.362 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) requires that immediate action to be taken upon learning that a resident is subject to a substantial risk of imminent

sexual abuse. There were no residents determined to be subject to substantial risk of imminent sexual abuse in the past 12 months. Documentation and interviews with the Superintendent and other random selected staff were able to articulate, without hesitation, the expectations and requirements of the policies and PREA Standards, upon becoming aware that a resident may be subject to a substantial risk of imminent sexual abuse. Staff indicated if a resident was in danger of sexual abuse or at substantial risk of imminent sexual abuse, they would act immediately to ensure the safety of the resident, separate from the alleged perpetrator and contact their immediate supervisor. Additionally, the resident would be referred for mental health services. All resident interviews reported they feel safe at this detention facility and none had ever reported to staff that they were at substantial risk of imminent sexual abuse.

Standard 115.363 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) and OPS-900-15 (Incident Reporting - DJS Programs) requires the Superintendent, upon receiving an allegation that a resident was sexually abused while confined at another facility, to notify the head of the other facility where the alleged abuse occurred and to report it in accordance with DJS policies and procedures. Also according to policy and procedure the Superintendent is to immediately report the incident in accordance with the Incident Reporting Policy and Procedures and the Reporting and Investigating Child Abuse and Neglect Policy and Procedures for investigation and complete an incident report. The Superintendent has received no allegations that a resident was abused while confined at another facility nor were there any allegations received from another facility during the past 12 months. However, the detention facility did receive a resident from another facility where an incident occurred at this other facility and the resident was transferred to this detention facility for safety and security reasons.

Standard 115.364 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) and CHHS Facility Operating Procedures (FOP) dated 5/27/16 requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period that still allows for the collection of physical evidence; request that the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence. There has been no allegations of sexual abuse during the past 12 months. Random staff and first responder interviews validated their technical knowledge of actions to be taken upon learning that a resident was sexually abused. Also, every interviewed staff, without hesitation, described actions they would take immediately and these steps were all consistent with DJS policies and procedures. It was evident that staff have been trained in their responsibilities as first responders.

Standard 115.365 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the DJS Coordinated Response Plan dated 5/25/16 and CHHS Facility Operating Procedures (FOP) dated 5/27/16 provides a written coordinated response system to coordinate actions taken in response to an incident of sexual assault among staff first responders, administration, executive staff and contacting medical and mental health outside sources. DJS Coordinated Response Plan provides the staff with clear actions to be taken by each discipline for accessing, OIG, administration, law enforcement, rape crisis center, victim advocate services, parent/guardian and a number of other individuals. Interviews with the Superintendent, Assistant Superintendent and other staff validated their technical knowledgeable of their duties in response to a sexual assault.

Standard 115.366 Preservation of ability to protect residents from contact with abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation was provided for three (3) Memorandum of Understanding (Agreement) and the agreements are consistent with provisions of PREA standards 115.372 and 115.376. The first is: MOU for Bargaining Unit E Preamble - The State of Maryland (Employer) has entered into Memorandum of Understanding (Agreement) with AFT Healthcare-Maryland, AFT, AFL-CIO Local 5197 (the Union). The second is: MOU for Bargaining Unit G Preamble - The State of Maryland (Employer) has entered into Memorandum of Understanding (Agreement) with the Maryland Professional Employees Counsel/AFT/AFL-CIO Local 6197 (the Union). And the third is: MOU for Bargaining Unit H Preamble - The State of Maryland ("Employer") has entered into Memorandum of Understanding ("Agreement") with the American Federation of State, County and Municipal Employees, AFL-CIO and Teamsters ("Union").

Standard 115.367 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) and OPS-913-15 (Reporting and Investigating Child Abuse and Neglect) requires the protection and monitoring of residents and staff who have reported sexual abuse and sexual harassment or who have cooperated in a sexual abuse or harassment investigation. DJS policies and procedures prohibits retaliation against any staff or resident for making a report of sexual abuse as well as retaliation against a victim who has suffered from abuse. The monitoring at a minimum will take place for a period of 90 days or longer, as needed. The Assistant Superintendent is responsible with monitoring the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to determine if changes that may suggest possible retaliation exist. This monitoring would include resident disciplinary reports, bedroom and program changes, negative performance reports as well as reassignments of staff. There is documentation of the Assistant Superintendent monitoring the resident involved with the allegation of the sexual abuse investigation that occurred in the other facility and she will monitoring this resident for a period of 90 days or until the resident leaves the detention facility. There were no incidents of retaliation in the past 12 months in this detention facility.

Standard 115.368 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance); RF-716-13 (Classification of Youth in DJS Facilities) and CHHS Facility Operating Procedures (FOP) dated 12/4/15 contained information on post-allegation protective custody or guidelines for moving a resident to another facility as a last measure to keep residents who alleged sexual abuse safe and only until an alternative means for keeping the resident safe can be arranged. The detention facility restricts any isolation placement; however, CHHS has the capabilities to isolate a resident as a last resort. There have been no residents who have alleged sexual abuse in the past 12 months. The residents would be placed in another housing unit or staff would be placed on "no contact with youth."

Standard 115.371 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) require staff to refer all alleged incidents of sexual abuse, harassment or misconduct to the DJS Child Protective

Services (CPS) for investigation and determination of child abuse and Maryland State Police (MSP) for the determination of criminal charges. Staff refer all allegations of sexual abuse and harassment to the Office of Inspector General (OIG) for completion of an administrative investigation. There has been no reported investigation that appeared to be criminal and referred for prosecution of alleged staff's or residents inappropriate sexual behavior that occurred in this detention facility in the past 12 months. Additionally, there have been no sustained allegations of conduct that appear to be criminal that were referred for prosecution in the past 12 months. It was evident, the staff reported incidents as required and reports are maintained for as long as the alleged abuser is incarcerated or employed by the detention facility, plus 5 years unless the abuse was committed by a juvenile and applicable laws require a shorter period of retention.

Standard 115.372 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) contains all the elements of the standard and DJS Office of Inspector General (OIG) investigates the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated. An interview with the Superintendent indicated that they conduct fact finding investigations and make conclusions following their investigations (which are administrative in nature) and provide the information to DJS for consultation with legal and human resources to determine disciplinary actions.

Standard 115.373 Reporting to residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) requires that any resident who makes an allegation that he suffered sexual abuse is informed in writing contains the process for notifying residents whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation. DJS has a "Youth Notice of Investigation Outcome" form to notify the resident. The policies further requires that following a resident's allegation that a staff member who has committed sexual abuse against the resident, the detention facility informs the resident unless the allegations are "unfounded" whenever the staff member is no longer posted within the resident's housing area; the staff member is no longer employed at the detention facility; CHHS learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the detention facility. With regard to investigations involving resident-on-resident allegations of sexual abuse, OIG notifies the Superintendent who will then inform the resident whenever the detention facility learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the detention facility. There has been no reported investigations of alleged staff or resident's inappropriate sexual behavior that occurred in this detention facility during the past 12 months. The Superintendent and the DJS PREA Coordinator validated their technical knowledge of the reporting process during their interviews.

Standard 115.376 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) and DJS Standards of Conduct and Disciplinary Process requires staff disciplinary sanctions up to and including termination for violating facility’s sexual abuse or harassment policies. The policy also mandates that the violation be reported to law enforcement. All disciplinary sanctions are maintained in the employees HR file in accordance with DJS policy and procedures. Termination is the presumptive sanction for staff who have engaged in sexual abuse. Additionally, staff may not escape sanctions by resigning. Staff who resign because they would have been terminated, are reported to the local law enforcement, unless the activities were not clearly criminal. There has been no employees terminated in the past 12 months for violation of the detention facility’s sexual abuse or harassment policies. The Superintendent interview validated her technical knowledge of the reporting process was consistent with DJS policy and procedures.

Standard 115.377 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) and OPS-908-14 (Volunteer Services) requires that volunteers and contractors in violation of the facility’s policies and procedures regarding sexual abuse and harassment of residents will be reported to local law enforcement unless the activity was clearly not criminal and to relevant licensing bodies. Additionally, the policies requires the facility staff to take remedial measures and prohibit future contact with residents in the case of any violation of the facility’s sexual abuse and harassment policies by contractors or volunteers. This was verified during interviews with the Superintendent and Director of Human Resources. There have been no volunteers or contractors reported in the past 12 months.

Standard 115.378 Disciplinary sanctions for residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) found to have violated any of the agency’s sexual abuse or sexual harassment policies will be subject to sanctions pursuant to the behavior management program. CHHS staff provides each resident with a youth handbook that includes their rights and responsibilities, a disciplinary list of violations, disciplinary procedures and transfers. Residents will be offered therapy counseling or other interventions designed to address and correct the underlining reasons for their conduct. There were no administrative or criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the detention facility in the past 12 months. The Superintendent indicated that residents may also be referred for prosecution if the allegations were criminal.

Standard 115.381 Medical and mental health screenings; history of sexual abuse

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) require that medical and mental health evaluation and as appropriate, treatment is offered to all residents victimized by sexual abuse. Residents who report prior sexual victimization or disclose prior incidents of perpetrating sexual abuse, either in an institution or in the community, are required to be offered a follow-up with a medical or mental health practitioner within 14 days of admission/screening. Medical and mental health staff complete various admission screening forms (i.e. Admission Health Screening and Nursing Assessment, Youth Admission Intake Questionnaire, Behavioral Health Notification Form etc.) during the initial intake process. There were no residents who disclosed prior victimization during their initial screening process. Medical and mental health staff interviews confirmed that although there were no disclosures, all residents were offered follow-up meetings with medical and mental health providers.

Standard 115.382 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) requires victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted disease prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate and crisis intervention services. Documentation provided confirmed treatment services are provided to every victim without financial cost.

TurnAround, Inc. is the program identified to provide the victim advocacy services for the residents at the detention facility. Greater Baltimore Medical Center provides the emergency and forensic medical examinations.

Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) requires ongoing medical and mental health care for sexual abuse victims and abusers. Additionally, the policy requires the facility to offer medical and mental health evaluations and appropriate follow-up treatment. Victims of sexual abuse will be transported Greater Baltimore Medical Center where they will receive treatment and where physical evidence can be gathered by a certified SAFE medical examiner. There have been no investigations of alleged resident’s inappropriate sexual behavior that occurred in this detention facility in the past 12 months. There is a process in place to ensure staff track on-going medical and mental health services for victims who may have been sexually abused. Additionally, the staff complete the “Victim Safety/Trauma Plan for Alleged Sexual Abuse and Harassment” form and provide the information to the mental health staff.

Standard 115.386 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance); CHHS Facility Operating Procedures (FOP) dated 1/29/16 and Memo dated 2/8/16, requires a Sexual Abuse Incident Review of every sexual abuse allegation at the conclusion of all investigations, except those determined to be unfounded within thirty (30) days. CHHS Sexual Abuse Incident Review Team consists of the Superintendent, Assistant Superintendent, Behavioral Health Director, Nursing Supervisor, Group Life Manager II, Case Manager Supervisor, OIG Investigator, and Child Advocate. There has been no investigations of alleged staff or resident’s inappropriate sexual behavior that occurred in this detention facility in the past 12 months. However, a Sexual Abuse Incident Team Review meeting was conducted on the resident transferred from another facility placed specifically for safety and security after the sexual abuse investigation. A review of the documentation confirmed the Superintendent conducted a Sexual Abuse Incident Team Review meeting on this specific investigation. Staff interviews confirmed they would document their review on the Sexual Abuse Incident Team Review form that captures all aspects of an incident.

Standard 115.387 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) and OPS-900-15 (Incident Reporting - DJS Programs) requires the collection of accurate, uniform data for every allegation of sexual assault. The DJS PREA Coordinator collects all data relating to PREA. DJS has a data collection instrument to answer all questions for the U.S. Department of Justice Survey of Sexual Abuse Violence. A review of the 2014 – 2015 Annual Reports revealed both were completed in accordance with this standard.

Standard 115.388 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) requires the review of data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices and training. A review of the 2014-2015 Annual Reports indicated compliance with the standard and included all of the required elements. The 2014-2015 Annual Reports are posted on the DJS Website for public review and readily available. The DJS PREA Coordinator monitors collected data to determine and assess the need for any corrective actions.

Standard 115.389 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) requires that data is collected and securely retained for 10 years. The aggregated sexual abuse data was reviewed and all personal identifiers are removed.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Dorothy Xanos

July 25, 2016

Auditor Signature

Date